

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15503**
Registrar's No. **3609**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis.		c. LENGTH OF STAY (In this place) 14 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis. 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital			d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal St. 8		
3. NAME OF DECEASED (Type or Print) RUTH		a. (First) _____ b. (Middle) _____ c. (Last) BRIDGES		4. DATE OF DEATH (Month) (Day) (Year) Apr. 3, 1953.	
5. SEX 3 FEMALE	6. COLOR OR RACE COLORADO.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 10-1-1905	9. AGE (In years last birthday) 47	10. MONTHS 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house maid		10b. KIND OF BUSINESS OR INDUSTRY housework.		11. BIRTHPLACE (City and State or Foreign Country) FARMINGTON - Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Bridges		13b. MOTHER'S MAIDEN NAME Rebecca Reed	
14. NAME OF HUSBAND OR WIFE NONE.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE.	
17. INFORMANT'S SIGNATURE OR NAME Ruth Bridges-3142 Sheridan.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Huntington's Chorea II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH 2 ds.		21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION	
21c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from Feb. 11 , 19 52 , to April 3 , 19 53 , that I last saw the deceased alive on April 3 , 19 53 , and that death occurred at 6:20a m., from the causes and on the date stated above.			
23a. SIGNATURE John H. McMichael (Degree or title) M.D.		23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 4/3/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-4-53		24c. NAME OF CEMETERY OR CREMATORY FARMINGTON - Mo.	
24d. LOCATION (City, town, or county) (State) FARMINGTON - Mo.		25. FUNERAL DIRECTOR'S SIGNATURE F.N. FARMINGTON - Mo.		25. ADDRESS F.N. FARMINGTON - Mo.	
DATE REC'D BY LOCAL REG. APR 6 1953		REGISTRAR'S SIGNATURE J. C. Smith MOORE (Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2100 Arsenal St.

St. Louis State Hospital

Apr. 3, 1923.

BRIDGES

HUTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

W. W. Rueten

Licensed Embalmer No.

4865

P. O. Address

ST. LOUIS, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.